

**QB Participant Information Form**

**Participant**

**Accompanying support worker/family member**

Full Name:.....

Full Name:.....

Email Address:.....

Email Address:.....

Phone Number:.....

Phone Number:.....

Age:.....

Age:.....

*All the information provided below will assist in program development to ensure the safety, enjoyment and beneficial engagement of all participants. This information will only be shared with QB Teaching Artists and consulting health clinicians and only used in the context of Ballet for Brain Injury program creation and delivery.*

What are your current goals in rehabilitation?

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What would you like to gain from the Ballet for Brain Injury program?

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Do you have any other health considerations that the teaching artists should be aware of?

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Please detail below any physical, social, emotional or cognitive challenges that you are currently working on.

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Do you have any visual, auditory, verbal or sensory needs the teaching artists need to be aware of?

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Do you have any mobility requirements?

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Do you have any balance challenges and/or a possible risk of falling that Teaching Artists should be aware of? If so, please detail below how we can best adapt the movements to ensure your safety.

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Is there any additional information you would like to share to assist with the program?

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\*If you have any concerns/queries before attending class, please email [community@queenslandballet.com.au](mailto:community@queenslandballet.com.au) and we will be happy to assist you.